Coppell Police Department

Medical Information and Release of Liability Form

In order to participate in the Coppell Police Department Physical Agility examination, it will be necessary to complete this information form. To comply with the Americans with Disabilities Act of 1990, the City of Coppell cannot perform any medical analysis on any applicant until a position of employment has been offered. Therefore, it is our intention to inform you that participating in any physical performance examination may have some physical risk present with or without prior medical clearance.

Applicants may want to seek a physician's recommendation concerning his/her own participation in the testing process prior to the examination. It is every applicant's decision to participate in the examination process even without a physician's prior approval, however consulting a physician is recommended. A copy of the examination process has been provided in your information packet for such a physician's consultation if so desired.

I have read this document and understand that I am under no obligation to obtain a medical examination review prior to this examination. Additionally, I have been provided a synopsis of the physical agility examination, prior to the test, so I can make an informed decision as to my participation in the examination process.

participation in the examination process.	The state of the s
Applicant's Signature	Date
Release of Liability:	
I do hereby release the City of Coppell and its which I may have or claim to have against the C to hold the City of Coppell and its employees ha or injuries arising out of or resulting from particithe hiring process for the position of police office.	City of Coppell and its employees. I further agree rmless from any and all claims, causes of action pating in the physical agility test taken as part of
Applicant's Signature	Date